5/19/2002-90243-007-\$150.00-\$150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000008022  1. Entity Name USTINOV & MARTINSON SCHOOL OF CLASSICAL BALLET, INC.							FILED					
							00 111 18 PM 4:41					
		Mailing Address				SECRETARY OF STATE TALLAHASSEE. FLORIDA						
Principal Place of Business Mailing Address 6331 4 ST N 6331 4 ST N							TALLAHASSEE, FLURIDA					
ST PETERSB	urg Fl 33703	?	ST PETERSBURG FL 337	702			a restrect for color marie didni gone color derit della certa i distribili (di 1881)					
A Cincinal D	Nana of Dunia		3. Mailing Address									
2. Principal P									D. 65			
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	te		City & State			4.	4. FEI Number 59-3621731 Applied For Not Applied				}	
Zip Country		Zip	Coun		5.	Certificate of Status Desired		8.75 Add				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
			~~~		Name Elena MARTINSON							
· · · · · · · · · · · · · · · · · · ·	MISHELE E	3			Street Addres		Box Number is Not Acceptable)	1 4	01		1	
535 CENTRAL AVE ST PETERSBURG FL 33701									,		1	
01 / 512					City S.	Pe	ete	FL	Zip Code	3702	1	
8. The above	named entit	y submits this statement fo	or the purpose of changing its	register	<u> </u>		gent, or both, in the State of Floric	ia.			1	
		FG MI	100i		Flour	n	PRRIINSON		11/10	102		
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature req			DATE	1/13/	702		
9. This corpu	pration is elig	ible to satisfy its Intangible	FILE NOW	III FEE	IS \$150.00		10. Election Campaign Finan	cina	\$E 0	O May Be	7	
Tax tiling requirement and elects to do so. (See criteria on back)  After May 1, 200  Make Check Payabl							Trust Fund Contribution.			to Fees		
11.		OFFICERS AND	1	12.		_	DDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTORS	S IN 11	1	
TITLE	P	,	☐ Delete	TITLE					☐ Change	☐ Addition	) §	
name Street address	USTINOV, ANDREI SS 758 100TH AVE N, #101				E ET ADDRESS						CR2E034 (9/01)	
CITY-ST-ZIP		SBURG FL 33702		CITY	-ST-ZiP						길	
TITLE	VS		☐ Delete	TITLE					Change	☐ Addition	2	
name Street address		on, elena H ave n, ≢101		NAMI STRE	ET ADDRESS							
CITY-ST-ZIP	ST PETER	SBURG FL 33702		CITY	-ST-ZIP						<u>.</u>	
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CITY-ST-ZIP		ISBURG FL 33702			-ST-ZIP				Channa -	Addition	1	
TITLE Name			☐ Delete	TITLE					Change	Addition	1	
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CITY-ST-ZIP					-ST-ZIP		<del></del>	-	☐ Change	☐ Addition	┨	
title Name	ł		☐ Delete	ntle Nami	- 1		M M	<b>)</b> /		XOOMOTI	Į	
STREET ADDRESS					ET ADORESS		/\#/V	•				
CITY-ST-ZIP TITLE	<del>                                     </del>		Delete	TITLE	-ST-ZIP		<u> </u>		☐ Change	Addition	ł	
NAME	1		El Delete	NAM			$\bigcirc$					
STREET ADDRESS	1				ET ADDRESS		0 0					
CITY-ST-ZiP	certify that the	information supplied with	this filing does not quality fo		-ST-ZIP	Section	119.07(3)(i), Florida Statutes. I (u	rther certi	fy that the in	formation	}	
indicated of the cor	l on this repor rporation or th	t or supplemental report is ne receiver or trustee empe	s true and accurate and that i owered to execute this report	ny signat as requir	ure shall have ti	ne same	legal effect as if made under oat rida Statutes; and that my name a	h; that I ar	n an officer (	or director		
changed,	, or on an atta	achment with an address.	with all other like empowered	, 5- e= . e ~			1122122			1		
SIGNAT	URE: _	SIGNATURE AND TURNS	MARCOLLE PRINTED NAME OF SIGNING OFFICER	OR DIDE	08		1/30/02	n-	time Phone #			
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